



### INSPECTION REPORT COVER SHEET

Inspection #: <b>08171040601</b>	Name of Person Contacted: <b>RECK MEYER, RANCH RIQUETTE</b>
Name of Business: <b>COUNTRY GARDEN GREENHOUSES</b>	Official Position: <b>OWNER APPLICANT</b>
Street Address: <b>1512 BAY ROAD</b>	Post Office Address:
City/State/Zip Code: <b>LAKE GEORGE, NY 12245</b>	City/Village/Township: <b>LAKE GEORGE</b>
Telephone Number: <b>518-793-6306</b>	County: <b>WARREN</b>

Inspector's Initials	Name of Inspection Form	Form Number
<b>BAR</b>	Notice of Inspection	NOI
<b>BAR</b>	Pesticide Applicator/Business/Use Inspections	USE
<b>BAR</b>	Worker Protection Standard Inspection	WPS
	Liquid Termiticide Use Checklist	TER
	Ornamental and Turf Checklist	T&O
	Voluntary Statement	VOL
	Receipt for Samples	SAM
	Market Place/Restricted Dealers Records Inspection	MKT
	Market Place/Restricted Dealer Records Inspection Continuation Sheet	MPC
	Quarantine Order	QRN
	Quarantine Order Release	QOR
	Experimental Use Permit Checklist	EUP
	Authorization for Medical Record Disclosure	MED

Inspector's Signature: **BAR** Number: **406** Date: **8/17/2010**

Inspection Acknowledgment: I acknowledge receiving a copy of the above listed inspection documents initiated by the inspector.

Signature: **Richard Meyer** Date: **8/17/10**  
Print Name: **RICHARD MEYER**

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF SOLID AND HAZARDOUS MATERIALS • BUREAU OF PESTICIDES MANAGEMENT  
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☒ NOTICE OF INSPECTION

☐ USE/MISUSE INSPECTION

INSPECTION #	08171040601	DATE	8/17/2010	TIME	9:00	AM/PM	REGION	5
NAME OF INDIVIDUAL Rick Meyer								
NAME OF FIRM (Note if corporation, partnership, dba, etc.) COUNTRY GARDEN GREENHOUSES								
ADDRESS - This is the address of the: <input checked="" type="checkbox"/> INSPECTION SITE <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> INDIVIDUAL 1512 BAY ROAD								
CITY/VILLAGE LAKE GEORGE						STATE NY	ZIP 12845	
TOWNSHIP LAKE GEORGE				COUNTY WARREN			PHONE 518-773-6306	
<b>REASON FOR INSPECTION</b> <input type="checkbox"/> For the purpose of inspecting and obtaining samples of any pesticides or devices packaged, labeled and released for shipment, samples of any containers or labeling for such pesticides or devices in places where pesticides or devices are produced, or held for distribution or sale. <input checked="" type="checkbox"/> For the purpose of inspecting and obtaining samples of mandated records. <input checked="" type="checkbox"/> For the purpose of inspecting the use of pesticides and sampling pesticides in use to determine if they are being used in compliance with appropriate laws and rules and regulations. <input checked="" type="checkbox"/> For the purpose of inspecting sites where pesticides are being used to collect data on the use of pesticides and to determine whether pesticides are being used in compliance with appropriate laws and rules and regulations. <input checked="" type="checkbox"/> Other EPA WORKER PROTECTION STANDARD								
<b>VIOLATION SUSPECTED</b> 								
<b>CONSENT USE/MISUSE</b>								
Voluntary Consent Necessary to Enter for Inspection and/or Sampling. <input checked="" type="checkbox"/> The undersigned hereby voluntarily consents to an inspection of PREMISES of which I am the owner, Agent, or Person-in-Charge, for the purposes of gathering information and/or samples in connection with the administration and enforcement of Article 33 and Section 15-0313 of the Environmental Conservation law relating to pesticides. I understand that I have the right to refuse consent to this entry.								
SIGNATURE Rick Meyer			TITLE OWNER			DATE 8/17/10		
This inspection is being performed under authority granted by Article 33 and Section 15-0313 of Article 15 of the Environmental Conservation law relating to pesticides and the Federal Insecticide, Fungicide and Rodenticide Act as amended (7 U.S.C. 136 et seq.).								
<b>INSPECTOR INFORMATION</b>								
NAME BRIAN A. PRIMEAU			TITLE PESTICIDE CONTROL SPECIALIST		ID NUMBER 406	PHONE NUMBER 518-625-1267		
SIGNATURE [Signature]			OFFICE LOCATION 232 GOLF COURSE RD WARREN, NY 12845			ACCOMPANIED BY [Signature]		



# PESTICIDE APPLICATOR/BUSINESS/USE INSPECTIONS

INSPECTION NUMBER <b>08171040601</b>		FIRM/FACILITY/PERSON INTERVIEWED <b>RICKEY REVEL / RANDY RUENTE</b> <b>COUNTRY GARDEN GREENHOUSES</b>		EQUIPMENT TYPE/SIZE <b>25 gal TANK HAND</b>	
TYPE OF BUSINESS ( ) Business/Agency (X) Applicator ( ) Non-agricultural use (X) Agricultural use		SITE OF INSPECTION <b>1512 134TH RD</b> <b>LAKE GEORGE NY 12845</b>		EQUIPMENT TYPE/SIZE <b>25 gal TANK HAND</b>	
BUSINESS REG. EXPIRATION DATE <b>N/A</b>		INSURANCE COMPANY/EXPIRATION DATE <b>N/A</b>			
APPLICATOR NAME/CERTIFICATION TYPE <b>RANDY RUENTE / APPLCATOR</b>		CERTIFICATION ID <b>P5677475</b>	CATEGORY EXPIRATION <b>24/2/2012</b>	SUPERVISOR NAME <b>N/A</b>	
<del>NO OTHER APPLICATORS</del>					
DATE/TIME/WEATHER CONDITIONS DURING APPLICATION <b>7/12/2010 (6AM) / 4/10/09 (12PM)</b>		CROP <b>MULCH</b> <b>#3 STONE (MULCH)</b>	ESTIMATE <b>81700 PITS (30x60)</b> <b>2x3 2700 sq ft (20x6)</b>	TARGET PESTS <b>APHIDS</b> <b>1.2 HTHW</b>	
PESTICIDE NAME/EPA REG NO.		METHOD OF APPLICATION	CONCENTRATION	LABEL RATE	APPLCATOR
<b>1 ARIA / 279-2287</b>	<b>BROADCAST</b>	<b>RUP</b>	<b>POWDER</b>	<b>20-1256/1000</b>	<b>20 grams/25 gal</b>
<b>2 AVID / 100-896</b>	<b>BROADCAST</b>	<b>GUP</b>	<b>LIQUID</b>	<b>4-84/1000</b>	<b>1/2 oz/12 gal</b>
LABEL/EQUIPMENT REQUIREMENTS		REFERENCE SECTION	Yes	No	NA
Label Rate Followed	TBD	325.2(b)	✓		
Target Pests on Label	TBD	325.2(b)	✓		
PPE/Protective Labeling Followed	TBD	325.2(b)	✓		
Preharvest Interval/REI per Label	TBD	325.2(b)	✓		
Crop/Area Treated per Label	TBD	325.2(b)	✓		
Pesticide Containers Properly Labeled		33.1301(1)(b)	✓		
Service Containers Properly Labeled		33.1301(1)(b)	✓		
Containers Properly Rinsed and Disposed		325.4(a)	✓		
Backflow Prevention/Air Gap Present		325.2(c)	✓		
Proper Stickers on Equipment/Vehicles		325.26			✓
Equipment Properly Calibrated					✓
Storage Locked/Containers Secure			✓		
Warning Signs Posted			✓		
Location of Container Disposal	<b>DUMPSTILL</b>				
Location of Pesticide Storage	<b>LOCKED CLOSET 20 ft x 3</b>				
Water Source	<b>WELL &amp; STREAM</b>				
Pesticide Mixing Area	<b>VARIES</b>				
APPLICATOR REQUIREMENTS		REFERENCE SECTION	Yes	No	NA
Apprentices Properly Supervised		325.7(d)			✓
Apprentices Trained/Documented		325.10(a)			✓
Apprentice Variance Approved		325.10(b)			✓
I.D. Card in Possession During Use		325.7(a)	✓		
Label in Possession During Use		325.2(d)	✓		
Notification Requirements Met		33-0905(5)			✓
REPORTS/RECORDS		33-1205(1)	Yes	No	NA
EPA Reg. No.			✓		
Product Name			✓		
Quantity			✓		
Date Applied			✓		
Address			✓		
Place of Application			✓		
Dosage Rate			✓		
Method of Application			✓		
Target Organism/Crop Treated			✓		
Records Kept 3 Years			✓		
REMARKS <b>* TBD - TO BE DETERMINE</b> <b>PART TIME EMPLOYEE - Tyron - Carol Brown - TRAINED 5/04/07 VIDEO VHS</b>					
INSPECTOR SIGNATURE <b>B. A. D.</b>					
DATE AND TIME INSPECTED <b>8/17/2010</b>					

RANDY RIVETTE

PG677475 CAT 24, REGR 2/21/2002

NYS Department of Environmental Conservation URPCER CHECKLIST To be used with NAUO, CAR, and RDR inspections

Inspect Type	Question/Action		Y	N	N/A	Remarks
ALL*	1. Opening conference.		✓			
	2. Inspection of pesticide storage area.		✓			
	a	Any pesticides on hand that seem inappropriate for establishment or site?		✓		
	b	Are there supplies of clean household containers that could be filled with pesticides and left with customers/tenants?		✓		
	c	Any pesticides in unlabeled packaging or "household" packaging?		✓		
	d	Are restricted use pesticides in storage?	✓			
	e	Are there security measures in place to prevent unauthorized entrance and use of pesticides?	✓			
	f	Have any pesticides been stolen/pilfered from inventory - particularly RU or agricultural ones?		✓		
CAR	1. All CAR inspections - conduct review of Applicator records		✓			
	a Structural Related:	Any structural applications of seemingly inappropriate pesticides?			✓	
	b Agricultural Related:	Has methyl parathion been used in the last year?		✓		
		Any discrepancies between amount of RU pesticides purchased and applied, or undocumented returns?		✓		
RDR	1. Is this establishment engaged in the retail sale of methyl parathion?				✓	
	2. Do purchasers produce a commodity on which the pesticide is used?					
	a	Have all sales of RUPs been made to either: A person who is certified to use it? An individual under the direct supervision of a currently certified applicator authorized to use the product?				
	3. Have there been sales of methyl parathion EC in the past two years?					
	a	What methyl parathion products in particular does the dealer sell? _____				
	b	What crops are the products used on? _____				
	4. If this is not a methyl parathion emulsifiable concentrate dealer, have any of the other ag pesticides referenced in attachment "5A" of URPCER Protocol been sold for the past few years?					
	a	If not, have any other agricultural pesticides, particularly RU ones, been sold?				
	5. Does the dealer conduct audits of its pesticide inventory? How often? _____					
	6. Has there ever been an unexplained discrepancy between the amount of methyl parathion or other ag use pesticide in inventory and amount that inventory records indicate should be there?					
	a	What was the pesticide?				
	b	Was the discrepancy resolved as 1) bookkeeping error? or 2) was theft suspected?				
	7. Has methyl parathion or any RU agricultural pesticide been stolen from inventory? If yes, document particulars (i.e., person's name, the intended use of pesticide) and ask for a copy of any police report, report to the insurance company or other information relating to the theft.				✓	
	ALL*	3. Closing conference.		✓		

\* When only conducting an NAUO inspection, these blocks of questions/actions are the only ones that need to be covered.

4/99

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# WORKER PROTECTION STANDARD INSPECTION

Inspection # <u>08071040601</u>	Date <u>8/17/2010</u>	Inspection <input type="checkbox"/> Unannounced <input checked="" type="checkbox"/> Appointment
Firm/Farm Name <u>Cowart Greenhouse Greenhouses</u>	Inspection Type: Tier I <input type="checkbox"/> or Tier II <input checked="" type="checkbox"/>	
Type of Establishment: (check all applicable): Farm <input type="checkbox"/> Greenhouse <input checked="" type="checkbox"/> Nursery <input checked="" type="checkbox"/> Family establishment <input type="checkbox"/> Research <input type="checkbox"/> Forest <input type="checkbox"/>		
Approx. total area of establishment: <u>5 Acres</u> <u>TOTAL 22002.5 (3500)</u>	Principal crops: <u>Bedding Plants</u>	
# of certified applicators with establishment: <u>1</u>	Name of person(s) directing/controlling pesticide use: <u>RANDY RIVETTE</u>	
Who applies pesticides? (check all applicable): Owner <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Custom Applicator <input type="checkbox"/>		
Note: For data in this block, estimates provided by the establishment are sufficient		
# present at this inspection:	workers <u>1</u>	handlers <u>1</u>
# of permanent employees:	<u>3</u>	workers <u>2 (Owner &amp; wife)</u> handlers <u>1</u>
1. # present during last pesticide application:	workers <u>1</u>	handlers <u>1</u>
2. or for the last 30 days. (circle one)	workers <u>1</u>	handlers <u>1</u>

## INFORMATION AT A CENTRAL LOCATION

40 CFR 170.122-135

How to Comply Manual

			Page #
NA <input checked="" type="checkbox"/> N	Is the approved SAFETY POSTER displayed?		23
NA <input checked="" type="checkbox"/> N	Is EMERGENCY MEDICAL INFORMATION displayed? (name, address & telephone number)		24
NA <input checked="" type="checkbox"/> N	Is the site LOCATED where it can be readily seen and read by workers & handlers?		24
NA <input checked="" type="checkbox"/> N	Are workers & handlers INFORMED of the location and are they allowed ACCESS to the site?		24
NA <input checked="" type="checkbox"/> N	Does the information remain LEGIBLE while posted?		24
NA <input checked="" type="checkbox"/> N	Is the following APPLICATION INFORMATION displayed? - Location and Description of the treated area - Product Name, - EPA REG #, - Active Ingredient(s) of the pesticide, - Time & Date of application, - RFI (restricted entry interval)		23

Comments (explain NA):

## PESTICIDE EXPOSURE INCIDENTS/EMERGENCY ASSISTANCE

40 CFR 170.160

How are incidents reported for employees who become sick/injured by pesticides? TO OWNER

NA <input checked="" type="checkbox"/> N	Is prompt transportation to emergency medical facility available for employees who become sick/injured by pesticides?	36
NA <input checked="" type="checkbox"/> N	Is information provided to medical personnel regarding the pesticide to which employees may have been exposed?	36

Who is the person responsible for providing transportation and pesticide information? OWNER OR AVAILABLE PERSONY ☒ Have there been any pesticide exposure incidents on this farm? If yes, give details.

Comments (explain NA):

## EMPLOYER/CUSTOM APPLICATOR INFORMATION EXCHANGE

A (no custom applications) 40 CFR 170.124 &amp; 170.224

NA <input type="checkbox"/> Y <input type="checkbox"/> N	Does the ag establishment notify the custom applicator regarding the location of treated areas and RFIs?	34
NA <input type="checkbox"/> Y <input type="checkbox"/> N	Does custom applicator notify the ag establishment of required application information before the application?	33

How is the information exchanged? When with whom?

*Rm*

Inspection # 08171040601

**PESTICIDE SAFETY TRAINING ASSURANCE**

**40 CFR 170.130**

**How to Comply Manual**

**Page #**

**WORKERS:** (Applies to workers who are NOT certified applicators or trained handlers)

- NA ☒ Y N Does Ag Employer ASSURE that workers have been trained within the last five years? 25
- NA ☒ Y N Does Ag Employer ASSURE that workers have been trained before EARLY ENTRY activities during an REI? 25
- NA ☒ Y N Is the Ag Employer able to VERIFY that the required PESTICIDE SAFETY INFORMATION was provided to workers before entry into any area on an ag establishment where WPS pesticides have been applied within the last 30 days? 26
- NA ☒ Y N Does Ag Employer ASSURE that workers have received the required ADDITIONAL TRAINING before the sixth day of entry into any area on an ag establishment where WPS pesticides have been applied within the last 30 days? 26

**HANDLERS:** (Applies to handlers who are NOT certified applicators or certified crop advisers) **40 CFR 170.230**

- NA ☒ Y N Does Ag Employer ASSURE that handlers have been trained within the last five years? 25/26
- NA ☒ Y N Does Ag Employer ASSURE that handlers have been trained before performing any handling task? 25/26

How is training verified for both workers and handlers? HANDLERS IS CERT. APP. WORKERS SIGN TRAINING DOC

Comments (explain NA): NO EARLY ENTRY

**PESTICIDE SAFETY TRAINING PROGRAM**

NA (if workers trained elsewhere)

**40 CFR 170.130/230**

- NA ☒ Y N **WORKERS & HANDLERS:** Is the information presented in a manner that the workers & handlers can understand (such as through a translator & using nontechnical terms & presenter answers questions)? 27
- NA ☒ Y N **WORKERS:** Does the PESTICIDE SAFETY INFORMATION meet the criteria listed in 170.130(c)? 26
- NA ☒ Y N **WORKERS:** Does the content of the ADDITIONAL TRAINING materials meet the criteria listed in 170.130(d)(4)? 103
- NA ☒ Y N Is trainer qualified to train WORKERS? (certified applicator or authorized by DEC) 26
- NA ☒ Y N **HANDLERS:** Does the content of the training materials meet the criteria listed in 170.230(c)(4)? 104
- NA ☒ Y N Is the trainer qualified to train HANDLERS? (certified applicator or authorized by DEC) 26

Who trains workers handlers? RANNA RIVIERE When how often? EVERY 5 YRS OR AS NEEDED

Comments (explain NA):

**DECONTAMINATION SITES**

The employer must adhere to the following decontamination requirements for WORKERS and HANDLERS: **40 CFR 170.112/150/250**

- NA ☒ Y N Do decontamination sites have soap, single-use towels, and enough water for washing & emergency eye flushing? 29-31
- NA ☒ Y N Is the decontamination water of a quality & temperature as required? 29
- NA ☒ Y N Is one pint of eye flush water immediately available to handlers using pesticides requiring protective eye wear and to early entry workers when working in areas treated with pesticides requiring protective eye wear for early entry? 31/68
- NA ☒ Y N Is the decontamination site within 1/4 mile of the work site and out of areas being treated or under REI? 30/31
- NA ☒ Y N Are decontamination sites provided for workers entering treated areas until 30 days following expiration of the REI? (Exception: Pesticides with a four-hour REI require decontamination site for only seven days) 29
- NA ☒ Y N Are decontamination sites provided for early entry workers during and after early entry? 67/68

The employer must adhere to the following decontamination requirements for HANDLERS: **40 CFR 170.250**

- NA ☒ Y N Is enough water provided to handlers for washing the entire body in case of an emergency? 30
- NA ☒ Y N Is one clean change of clothing provided to handlers for use in an emergency? 30
- NA ☒ Y N Are decontamination supplies located at the mix load site? 30/31
- NA ☒ Y N Are decontamination supplies for PILOTS kept in the airplane or at the aircraft loading site? 30
- NA ☒ Y N Are handler decontamination supplies kept out of treated areas unless they are in enclosed containers? 31
- NA ☒ Y N Are decontamination supplies located where handlers remove PPE for washing thoroughly after handling activities? 31

Comments (explain NA):

**ADDITIONAL DUTIES FOR WORKER EMPLOYERS**40 CFR 170.110How to Comply Manual  
Page #**RESTRICTIONS DURING APPLICATIONS**

- NA ☒ Y ☐ N Are workers prohibited in treated areas during application and until REIs have expired? 45
- NA ☒ Y ☐ N Are workers prohibited in treated areas plus the additional buffer area during application in NURSERIES? 51-52
- NA ☒ Y ☐ N Are workers prohibited in a GREENHOUSE during application and until ventilation criteria are met? 53-55

**NOTICE OF APPLICATIONS TO WORKERS**40 CFR 170.120

- NA ☒ Y ☐ N Are all GREENHOUSE applications posted with WPS warning signs? 42
- NA ☒ Y ☐ N Are workers given BOTH oral and posted notification when required by the pesticide label? 41-44
- NA ☒ Y ☐ N Are workers given notification of application (EITHER orally or posted) for other applications? 41-44
- NA ☒ Y ☐ N Are workers told which method will be routinely used at this firm (oral or posted notification)? - circle one 41

Who notifies workers? Applicator

- NA ☒ Y ☐ N Have any early entry activities occurred?
- ☒ NA ☒ Y ☐ N Were workers informed of label restrictions re. early entry?

Posted Warning Signs

NA for all

- NA ☒ Y ☐ N Does the employer use the approved WPS warning signs for posted notification? 42-43
- NA ☒ Y ☐ N Are the signs posted at all entrances of worker entry to the treated area? 42
- NA ☒ Y ☐ N Are the signs put up no sooner than 24 hours prior to application? 43
- NA ☒ Y ☐ N Are the signs removed within three days after the end of the REI? 43
- ☒ NA ☒ Y ☐ N Are the signs posted along the border of any labor camp adjacent to the treated area? 42

Oral Warnings

NA for all

- NA ☒ Y ☐ N Are oral warnings given in a language(s) understood by workers? 44
- NA ☒ Y ☐ N Do oral warnings include: 1) location & description of treated area, 2) REI, 3) instructions not to enter during the REI? 44

Comments (explain NA):

**ADDITIONAL DUTIES FOR HANDLER EMPLOYERS****APPLICATION RESTRICTIONS & MONITORING**

NA if no handlers employed

40 CFR 170.210

- NA ☒ Y ☐ N \*Do both the employer & the handler assure that no pesticide is applied (either directly or through drift) so as to contact anyone other than trained and PPE-equipped handlers? 73
- How is this verified? VISUAL
- ☒ NA ☒ Y ☐ N Are handlers monitored visually or by voice every two hours when handling SKULL & CROSSBONES pesticides? 73
- ☒ NA ☒ Y ☐ N Does the handler have a continuous visual or voice contact with another trained and PPE-equipped handler when handling a FUMIGANT in a GREENHOUSE? 73/74

**SPECIFIC INSTRUCTIONS FOR HANDLERS**

NA if no handlers employed

40 CFR 170.232

- NA ☒ Y ☐ N Does the employer assure that handlers read the label or are informed (in a manner they can understand) about the label requirements for safe use before performing any handling activity? 75
- NA ☒ Y ☐ N Does the handler have access to the product labeling during handling activities? 75

**SAFE OPERATION OF EQUIPMENT**

NA if no handlers employed

40 CFR 170.234

- NA ☒ Y ☐ N Is the handler instructed in the safe operation of handling equipment before it is used? By whom? 76
- NA ☒ Y ☐ N Is handling equipment inspected and repaired before each day of use? 77
- NA ☒ Y ☐ N Does the employer assure that only trained and PPE-equipped handlers repair, clean or adjust any handling equipment that contains pesticides or pesticide residues? 77

Comments (explain NA): No Green & fumigantsApplicator







## WORKER PROTECTION STANDARD AGRICULTURAL HANDLER INTERVIEW QUESTIONNAIRE

Inspection # (if interview related to an inspection):	08171040601
Name of Establishment:	COUNTRY GREENHOUSE GREENHOUSES
Date of Interview:	8/17/10
# of Handlers Interviewed:	1
Were handlers accompanied by employers during interview?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Interview Conducted	<input checked="" type="checkbox"/> onsite <input type="checkbox"/> offsite

### Training and Notification

1. Did you receive pesticide safety training? ☒ Yes ☐ No APPLICATOR

If yes, what type of training did you receive?

☐ movie ☐ flip chart (bring a picture of a flip chart) ☐ lecture ☐ handbook

2) Do you have something that verifies you were trained as a handler. (It may help to show a sample of the handler card.)

☐ EPA WPS handler training verification card

☒ NYS certified pesticide applicator card.

☐ Other

3. Was the training in your native language? ☒ Yes ☐ No

4. Were you trained before you began performing handling tasks? ☒ Yes ☐ No

When did you receive the training? \_\_\_\_\_

5. Who trained you? APPLICATOR

6. When you were trained, were you taught about how to wear, use and maintain special clothes (PPE), such as gloves, boots, coveralls, mask? ☒ Yes ☐ No

7. When you were trained, were you taught about heat stress and how to recognize its symptoms in yourself? (eg. how to know when you are starting to get heat stress, how to avoid it, what to do if you feel sick from it) ☒ Yes ☐ No

8. Are you notified when and where pesticide applications are occurring? ☒ Yes ☐ No ONLY APPLICATOR

9. (Show the safety poster) Where is the safety poster located? 2 - House #3 / 1 - Back TRUCK

10. (Show an example of application records) Has anyone ever showed you where these records are kept?

☒ Yes ☐ No If yes, where are they located? \_\_\_\_\_

### Pesticide Applications

11. Verify how handlers are monitored:

During use of skull/crossbones labeled products.

No skull & crossbones products used

During greenhouse fumigations.

No fumigations

12. Are the labels for pesticides used at the establishment available for you to read and legible in a language you understand? ☒ Yes ☐ No
13. Does the employer ensure that before you perform any handling activity, you are informed of labeling requirements related to safe use of the pesticide?  
Or,  
If you are able to read and understand pesticide labels, are legible copies of labels for the pesticides used available to you during handling tasks?  
☒ Yes ☐ No
14. Are you trained in equipment use? ☒ Yes ☐ No
15. Who cleans and maintains the equipment? RANDY R.

**Personal Protective Equipment (PPE)**

16. Is PPE provided for you? ☒ Yes ☐ No
17. After you read the pesticide label, is all of the PPE required by the labels for products you use available to you? ☒ Yes ☐ No
18. Who cleans and maintains the PPE? RANDY R.
19. Where is the room where you change into PPE? BOX TRUCK
20. Where is the PPE and your regular clothing stored? BOX TRUCK
21. Do you ever wear or take PPE home? ☐ Yes ☒ No
22. Identify if handlers use closed system, enclosed cab, open or closed cockpit, and any reduced PPE substituted for these systems
23. List PPE the handlers use for the labels examined.

Name of Pesticide Label Examined	PPE Required for Handler Uses

**Decontamination Supplies**

24. Are decontamination supplies always available to you? ☒ Yes ☐ No
25. Is there ☒ water ☒ paper towels ☒ soap ☒ eye wash ☒ change of clothing, available all day?  
If so, where? BOX / BOX TRUCK
- Is this location more than 1/4 mile from the work site? ☐ Yes ☒ No  
(Inspector verify if handler does not know.)

**Emergency Assistance**

26. Do you know what to do if you are exposed to pesticides? ☒ Yes ☐ No

What procedures are set up for when someone's been exposed? \_\_\_\_\_

911 OR PROUDING TRANSPORT

27. Who provides transportation to the emergency room at the hospital or clinic? OWNER OR AVAILABLE PERSON

28. Who provides information on the incident to medical personnel? OWNER OR AVAILABLE PERSON

**Retaliation**

29. Have you ever been hindered from following PPE or proper pesticide application or re-entry interval procedures? ☐

Yes ☒ No

30. Have you ever spoke up about or complained about something relating to pesticides and your work at the farm and been threatened to be fired? ☐ Yes ☒ No

Please briefly tell me about this: \_\_\_\_\_

N/A

31. Record details about any incidents of retaliation.

N/A

**Exposure**

32. Were you ever sprayed/dusted with pesticides or exposed to pesticides drifting from another person's application of pesticides? ☐ Yes ☒ No

If so, tell me approximately when and how this happened. \_\_\_\_\_

Probably @ 3 days 20 YRS AGO

33. Do you take pesticide containers home with you? ☐ Yes ☒ No

A. If yes, what do you use them for? \_\_\_\_\_

N/A

B. Are chemicals ever in the containers? ☐ Yes ☒ No

34. Have you ever felt as though pesticides/poisons have made you sick after applying them?

☐ Yes ☒ No

35. Is there a process in place for you to report that you were exposed to pesticides? ☒ Yes ☐ No

If yes, tell me about how it works: \_\_\_\_\_

Explain to owner

36. Did you tell your employer or foreman about your pesticide exposure? ☐ Yes ☐ No

N/A

**Inspection No.** 08171040601  
**Owner (Farm)** Meyer, Rick  
Country Garden Greenhouses  
1512 Bay Road  
Lake George, NY 12845  
**Date of Inspection** 08-17-2010  
**Date of Report** 08-18-2010

#### SPECIALIST'S NARRATIVE

On August 17, 2010 scheduled certified applicator records and agricultural use inspections were conducted at the above farm. Discussion was held with Mr. Rick Meyer (Owner) and Mr. Randy Rivette (Pesticide Applicator). This farm was previously inspected on July 26, 2005.


I presented my credentials and issued a Notice of Inspection to Mr. Meyer and Mr. Rivette. The farm currently consists of a small nursery and five greenhouses. Mr. Meyer said two nonfamily members, Mr. Rivette and Ms. Carolyn Brown, work on the farm. Mr. Rivette is a WPS Handler who is currently certified (P5677475; Cat. 24; Exp. 2/21/2012) and is the only person who applies pesticides on the farm. Ms. Brown is a WPS Worker who assists in the propagation of plants. She has worked on the farm for approximately seven years.

Mr. Rivette's pesticide application records were complete and properly kept. Two of Mr. Rivette's pesticide applications were inspected. On July 12, 2010 he mixed 20 grams of Aria (EPA Reg. No. 279-3287) with 25 gallons of water and applied the solution over 1700 pots of mums to control aphids and leaf hoppers. On April 10, 2009 he mixed ½ ounce of Avid (EPA Reg. No. 100-896) with 12 gallons of water, applied the solution to all plants in greenhouse #3 to control mites. Label directions appear to have been followed.

Pesticides were stored in a locked freezer in greenhouse #3. The pesticides were currently registered and properly labeled. The Urban and Residential Pesticide Control and Enforcement Program was discussed with Mr. Meyer and an URPCEP checklist was completed.

An EPA Worker Protection Standard (WPS) Tier II inspection was conducted and no Worker Protection Standard violations were noted.

All aspects of the Bureau of Pesticide Management laws, rules and regulations which pertain to Country Garden Greenhouses were discussed with Mr. Meyer and by the close of the inspection he had received copies of the forms & documents initialed on the Inspection Report Cover Sheet [ICS (07/03)].

  
Brian A. Primeau  
Pesticide Control Specialist 1  
Region 5